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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation	
GUN OWNERS OF AMERICA, INC.	
(b) Address (number and street) check if different than previously reported 8001 FORBES PLACE SUITE 102	
(c) City, State and ZIP Code	3. FEC Identification Number
SPRINGFIELD VA 22151	e. i 25 identinediten itambet
Occupation and Name of Employer (for Individual Filers Only)	C C90011693
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 02 / 21 / 2014 THROUGH 02 / 21 / 2014	M 02 / 22 / 2014
6. TOTAL CONTRIBUTIONS	13328.20
7. TOTAL INDEPENDENT EXPENDITURES	13328.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	on, or concert with, or at the request or suggestion
	DATE Electronically Filed]
Walter J. Olson Walter J. Olson	06/25/2014
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE	2	OF	3

	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF FILER (In Full) GUN OWNERS OF AMERICA, INC.	· ·	
A. Full Name (Last, First, Middle Initial)		
Gun Owners of America, Inc,		Date of Receipt
Mailing Address 8001 Forbes Place, Suite	02 21 2014	
City Springfield	State Zip Code VA 22151	Transaction ID : F56.000001
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13328.20
Name of Employer	Occupation	
Full Name (Last, First, Middle Initial)		Date of Descire
Mailing Address		Date of Receipt
City	State Zip Code	M M / D D / Y Y Y Y Y
•		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Amount of Lacif Necept this Feriod
Name of Employer	Occupation	1
C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
		M = M / D = D / Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	1
Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	7 7
Name of Employer	Occupation	
SUBTOTAL of Receipts This Page (optional	l)	13328.20
TOTAL This Period (last page carry total to	Line 6)	13328.20

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)						
GUN OWNERS OF AMERICA, INC.						
Full Name (Last, First, Middle Initial) of Pa	21/0.0			1		
	iyee			Date of	Public Distribution	on/Dissemination
Voice Broadcasting Mailing Address 1527 S. Cooper Street)2 / 21	2014
1527 S. Cooper Street				Amount	i	
City	State	Zip Code				000.00
Arlington	TX	76010		Transa	action ID : F57.00	638.20 0 0001
Purpose of Expenditure Robo calls		Category/ Type	004	Office Sought	t: X House Senate	State: TX District: 36
Name of Federal Candidate Supported or Dave Norman	Opposed by Expendi	iture:		Check One:	Presiden Support	t Oppose
Calendar Year-To-Date Per Election for Office Sought	1 1 1	63	8.20	20	For: Primar 014 er (specify)	y General
Full Name (Last, First, Middle Initial) of Pa	ayee			Date of	Public Distribution	n/Dissemination
Port Arthur News)2 / D D D 22	2014
Mailing Address 3501 Turtle Creek Drive				Amount		2011
City	State	Zip Code		74110411		
Port Arthur	TX	77642		Transa	action ID : F57.00	12690.00
Purpose of Expenditure Postcard mailing		Category/ Type	004	Office Sough	t: X House	State: TX
Name of Federal Candidate Supported or Dave Norman	Opposed by Expendi	-		Check One:	Senate Presider Support	District: 36 Oppose
Calendar Year-To-Date Per Election for Office Sought		1332	28.20	Disbursement 2 Oth	For: Primar 014 Primar er (specify)	y General
Full Name (Last, First, Middle Initial) of Pa	ауее			Date of	Public Distribution	on/Dissemination
Mailing Address				М	M / D D	/ Y = Y = Y = Y
Mailing Address				Amount	t	
City	State	Zip Code				
Purpose of Expenditure		Category/ Type		Office Sought	: House Senate	State:
Name of Federal Candidate Supported or	Opposed by Expendi				Presiden	District:t
				Check One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought				Disbursement Oth	er (specify)	y General
(a) SUBTOTAL of Itemized Independent E.	xpenditures				7 1 1 4	13328.20
(b) SUBTOTAL of Unitemized Independent	Expenditures			···· >	7 1 1 7	
(c) TOTAL Independent Expenditures (carry total from last page forware				▶	7 1 1 7	13328.20